



Clallam Transit System

830 W. Lauridsen Blvd.
Port Angeles, WA 98363
www.clallamtransit.com

(360) 452-1315
1-800-858-3747 WA
FAX (360) 452-1316
Passenger Assistance:
(360) 452-4511

EMPLOYMENT APPLICATION

INSTRUCTIONS

Clallam Transit System is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.
Incomplete information could disqualify you from further consideration. Please complete entire application form. 'See resume' will not be accepted.

APPLICANT INFORMATION

Last Name		First Name		M.I.	
Street Address/Apt. No.					
City		State		Zip Code	
Primary Phone		E-mail Address			
Position Applied for			Recruitment No.		
Are you a citizen of the United States?	YES ☐	NO ☐	If NO, are you authorized to work in the United States?	YES ☐	NO ☐
Have you ever worked for Clallam Transit System?	YES ☐	NO ☐	Will you now, or in the future, require sponsorship for employment visa status (e.g. H-1B status)?	YES ☐	NO ☐
If YES above, please provide what position(s), date(s) of employment, and why you left Clallam Transit System.					
Are you related to/in a relationship with any current Clallam Transit System employee that could result in a conflict of supervision if you were subsequently hired?	YES ☐	NO ☐	If YES, provide name and relationship with employee.		
Having reviewed the recruitment announcement and the position description, are you able to perform the essential functions of the position for which you are applying, with or without accommodation?				YES ☐	NO ☐
Are you willing and able to work (as required by the position for which you are applying)?	Full-Time Part-Time Overtime Evenings		☐ ☐ ☐ ☐	Weekends Holidays Split Shifts Irregular Hours	☐ ☐ ☐ ☐
Check all that apply.					

EMPLOYMENT REFERRAL SOURCE

How did you hear about the Clallam Transit System (CTS) employment opportunity for which you are applying for?	Current CTS Employee Former CTS Employee Newspaper CTS Website	☐ ☐ ☐ ☐	Online Job Site Advertisement Transit Website WorkSource/Employment Security Other	☐ ☐ ☐ ☐ ☐
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MILITARY SERVICE

Branch		From MM/YY		To MM/YY		Rank at Discharge	
Responsibilities							

TRAINING/PROFESSIONAL CERTIFICATION

Please list any training (including the number of hours) you have attended and any professional certifications that are relevant to the position for which you are applying.

EDUCATION													
High School						City, State							
Did you graduate?				YES ☐		NO ☐		If NO, do you have a GED/equivalent?				YES ☐	NO ☐
College						City, State							
Did you graduate?		YES ☐		NO ☐		Degree/Certification Earned			If NO, number of credits?				
Other						City, State							
Did you graduate?		YES ☐		NO ☐		Degree/Certification Earned			If NO, number of credits?				
EMPLOYMENT HISTORY													
Please provide your chronological work and relevant volunteer history for the previous 10 years (do not use "see resume").													
Current/Most Recent Employer													
City, State						Supervisor Name							
Job Title						Supervisor Title							
From MM/YY				To MM/YY				Ending Salary				Phone	
Hours Per Week						Number of Employees Directly Supervised (<i>defined as authority to hire, term, discipline, and evaluate performance</i>)							
Responsibilities													
Reason for Leaving													
May we contact your previous supervisor for a reference?				YES ☐		NO ☐		If NO, please explain.					
Previous Employer													
City, State						Supervisor Name							
Job Title						Supervisor Title							
From MM/YY				To MM/YY				Ending Salary				Phone	
Hours Per Week						Number of Employees Directly Supervised (<i>defined as authority to hire, term, discipline, and evaluate performance</i>)							
Responsibilities													
Reason for Leaving													
May we contact your previous supervisor for a reference?				YES ☐		NO ☐		If NO, please explain.					

Previous Employer							
City, State				Supervisor Name			
Job Title				Supervisor Title			
From MM/YY		To MM/YY		Ending Salary		Phone	
Hours Per Week				Number of Employees Directly Supervised (<i>defined as authority to hire, term, discipline, and evaluate performance</i>)			
Responsibilities							
Reason for Leaving							
May we contact your previous supervisor for a reference?		YES ☐	NO ☐	If NO, please explain.			

Previous Employer							
City, State				Supervisor Name			
Job Title				Supervisor Title			
From MM/YY		To MM/YY		Ending Salary		Phone	
Hours Per Week				Number of Employees Directly Supervised (<i>defined as authority to hire, term, discipline, and evaluate performance</i>)			
Responsibilities							
Reason for Leaving							
May we contact your previous supervisor for a reference?		YES ☐	NO ☐	If NO, please explain.			

Previous Employer							
City, State				Supervisor Name			
Job Title				Supervisor Title			
From MM/YY		To MM/YY		Ending Salary		Phone	
Hours Per Week				Number of Employees Directly Supervised (<i>defined as authority to hire, term, discipline, and evaluate performance</i>)			
Responsibilities							
Reason for Leaving							
May we contact your previous supervisor for a reference?		YES ☐	NO ☐	If NO, please explain.			

EMPLOYMENT GAPS AND OTHER INFORMATION

Please explain any gaps of employment and attach additional pages as necessary.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Clallam Transit System to hire me.

I attest with my signature below that I have given to Clallam Transit System true and complete information on this application and no requested information has been concealed. I authorize Clallam Transit System to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of further consideration for employment, or if employed, will be grounds for discharge.

Signature		Date	
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ADDITIONAL INFORMATION

Due to the volume of applicants, you are asked to refrain from contacting Clallam Transit System regarding the status of your application. You will be contacted once information is available to share with you.

Please note that contact is made PRIMARILY THROUGH EMAIL, so be sure to check your email often, to include your "junk" email to prevent you from missing a communication from Clallam Transit System regarding your application. Your patience during the selection process is appreciated. Thank you for your interest and best wishes.